



THOMAS L. GARTHWAITE, M.D. Director and Chief Medical Officer

### **FRED LEAF**

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COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES 313 N. Figueroa, Los Angeles, CA 90012 (213) 240-8101

November 18, 2004

Honorable Board of Supervisors County of Los Angeles 383 Kenneth Hahn Hall of Administration 500 West Temple Street Los Angeles, CA 90012

Dear Supervisors:

### ADOPTION OF FINDINGS AND REPORT OF THE PUBLIC HEARING REGARDING THE CLOSURE OF NORTHRIDGE HOSPITAL MEDICAL CENTER - SHERMAN WAY CAMPUS EMERGENCY DEPARTMENT

(3<sup>rd</sup> District) (3 Votes)

### IT IS RECOMMENDED THAT YOUR BOARD:

- Accept the Impact Evaluation Report (IER), which concludes that the closure of Northridge Hospital Medical Center - Sherman Way Campus Emergency Department (NRS ED) on October 4, 2004 has had a negative impact upon the community.
- 2. Instruct the Director of Health Services to forward the IER (Attachment I) to the State Department of Health Services (SDHS) within three days of its adoption by the Board.
- 3. Recommend that the summary documents from the November 13, 2003 Public Hearing be redistributed to elected officials.

First District

Yvonne Brathwaite Burke Second District

> Zev Yaroslavsky Third District

Don Knabe Fourth District

Michael D. Antonovich Fifth District The Honorable Board of Supervisors November 18, 2004 Page 2

### PURPOSE/JUSTIFICATION OF THE RECOMMENDED ACTION:

In approving these actions, the Board is:

- Concurring with the Emergency Medical Services (EMS) Commission that the closure of NRS ED has had a negative effect upon the community.
- Instructing the Director of Health Services to forward the IER (Attachment I) to the SDHS within three days of its adoption by the Board.

Two hundred nineteen (219) community members and healthcare providers attended the public hearing conducted by the Emergency Medical Services Commission (EMSC) on October 12, 2004. Nine citizens testified, expressing concern over the loss of the NRS ED. Representatives from Valley Presbyterian Hospital and Los Angeles Fire Department testified that their operations were negatively affected by the closure of NRS ED on October 8, 2004. Both agencies identified extended emergency department waiting times and possible delays in 9-1-1 responses as potential long term problems resulting from the closure.

### **FISCAL IMPACT:**

There is no direct net County cost associated with the closure of NRS ED. The County could be indirectly impacted if patients previously seen at NRS ED seek medical care at County facilities.

### **FACTS AND PROVISIONS:**

In 1998, AB 2103 (Gallegos) amended the Health and Safety Code to require hospitals to provide advanced notice of planned eliminations of emergency medical services to the SDHS, the County, and healthcare service plans or other third party payers under contract with the hospital. Public notice must be provided in a manner that is likely to

reach a significant number of residents served by the hospital and it must be given at least 90 days in advance of the projected closure date.

In addition, the hospital must take reasonable efforts to ensure that community it serves is informed of the planned closure by advertising, soliciting media coverage and advising patients and third party payers. SDHS' approval of the elimination of emergency medical services is contingent upon receipt of the County's report on the closure's impact on emergency medical services. The Statute requires at least one public hearing. In Los Angeles County, the Board of Supervisors has appointed the EMSC as the entity to conduct the public hearing. The County is

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required to provide SDHS with the results of the Impact Evaluation within three days of its completion. On September 1, 2004, Catholic Healthcare West notified the Department of Health Services of its plan to close the Sherman Way Campus by year's end. The Board instructed the Director of Health Services to proceed with the Impact Evaluation process; however, on October 4th, eight days before the scheduled public hearing, NRS suddenly closed the ED due to an inability to meet licensure requirements (lack of surgical call panel staff). The EMSC held the public hearing on October 12, 2004, a complete transcript of which is on file at the EMS Agency.

### **IMPACT ON CURRENT SERVICES:**

There will be no impact upon current County services from the closure of NRS ED. Based on the report's findings and testimony from Valley Presbyterian Hospital and Los Angeles Fire Department, there will be some adverse impact to emergency services in the immediate area. This adverse impact may be resolved following planned operational, staffing and equipment upgrades by the hospitals and provider agencies in the area.

### **CONCLUSION:**

The EMS Agency has concluded that the closure of NRS ED will have a negative impact upon the community.

Respectfully-submitted,

Thomas L. Garthwaite, M.D. Director and Chief Medical Officer

TLG:cb 409:005/410:004

### Attachment

c. Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors
Director, Emergency Medical Services
Emergency Medical Services Commission
Auditor-Controller

### **IMPACT EVALUATION REPORT**

On the Closure of Northridge Hospital Medical Center, Sherman Way Campus

### I. PURPOSE OF IMPACT EVALUATION

On September 1, 2004, the Los Angeles County Board of Supervisors, the Emergency Medical Services Agency, State Department of Health Service, Health Facilities Division, and others were advised by Catholic Healthcare West (CHW), of the intent to eliminate emergency medical services at Northridge Hospital Medical Center, Sherman Way Campus (NRS) located at 14500 Sherman Circle Drive, Van Nuys, by December 1, 2004. The elimination of emergency medical services is part of the planned closure of NRS and suspension of its license as an acute care facility. The purpose of this report is to assess the impact of the closure of NRS upon the community including the impact on access to emergency care, the impact on services provided by surrounding hospitals, and the impact on services provided by public and private prehospital emergency medical services (EMS) provider agencies.

Following adoption by the Los Angeles County Board of Supervisors, the Impact Evaluation Report (IER) will be submitted to the State of California Department of Health Services, in accordance with provisions of the Health and Safety Code (H&SC) Section 1300.

### II. SCOPE OF IMPACT EVALUATION

The required scope of the IER is set forth in H&SC 1300. The impact evaluation will consider:

- 1. The impact of the NRS closure on surrounding hospitals, including specialty and disaster services.
- 2. The impact of the NRS closure on prehospital EMS provider agencies, including public and private providers.
- 3. The impact of NRS closure on the surrounding community.
- 4. A description of the services and service levels historically provided by the hospital.

Compliance with public notification requirements as outlined in H&SC are monitored by the State Department of Health Services.

### III. IMPACT EVALUATION PROCESS

As of January 1, 1999, California State Law (H&SC) 1255 and 1300 placed new requirements on general acute care hospitals related to downgrades and closures of emergency departments. Section 1255 outlines the hospital's obligations for proper notification. Hospital notification must be made to the State Department of Health Services, to the local government agency in charge of health services, to health plans under contract with the hospital, and to the public. This notification must be made as soon as possible but not later than 90 days prior to the proposed reduction or elimination of emergency services. Public notice must be provided in a manner likely to reach a significant number of residents of the community served by the hospital whose services are being reduced or downgraded.

Section 1300 requires that the counties conduct an IER to determine impact, including but not limited to, an impact evaluation of the downgrade or closure upon the community, including community access to emergency care and how that downgrade or closure will affect emergency services provided by other entities. The IER must include at least one public hearing and **must be completed within 60 days of notification** by the hospital. The IER must be submitted to the State Department of Health Services within three days of completion. In Los Angeles County, the Board of Supervisors has designated the Emergency Medical Services Commission (EMSC) as the body to conduct the required hearing.

The IER regarding the closure of NRS was prepared by the Los Angeles County EMS Agency. The EMSC conducted the required public hearing on **October 12, 2004**, at the Van Nuys High School. Notification of closure and an invitation to attend the public hearing were widely disseminated throughout the community by the posting of a public hearing notice and advertising in the local and Spanish language newspapers. Individuals and organizations were invited to participate in the public hearing and/or submit written testimony relevant to the proposed closure of NRS. Oral and written testimony was accepted and has become part of this report. Data for use in the IER were obtained by interviews with surrounding hospitals, affected 9-1-1 provider agencies, the Los Angeles County ReddiNet® system and from the Los Angeles County Trauma and Emergency Medical Information System (TEMIS).

The Planning and Zoning Department of the City of Los Angeles has been notified by the EMS Agency of the closure of NRS.

Preliminary statistical data were prepared by the Los Angeles County EMS Agency for the EMSC to assist in conducting the public hearing. This final report, which includes the proceedings and findings of the public hearing, is submitted by the Department of Health Services to the Board of Supervisors for adoption.

### III. SUMMARY OF FINDINGS

- 1. CHW owns and operates 6 general acute care facilities with permits for basic emergency medical services within the County of Los Angeles. Within a 10-mile radius of NRS, CHW owns and operates 2 acute care facilities with basic emergency medical services. Northridge Hospital Medical Center, Roscoe Campus (NRH), is the closest CHW hospital, located 6.2 miles from NRS. NRH offers all the basic services offered at NRS except for sexual assault examinations. In addition to these services NRH is a designated trauma center, paramedic base hospital, Emergency Department Approved for Pediatrics, perinatal center and has a neonatal intensive care unit. CHW has filed the required notifications to close NRS as an acute care facility on or before December 1, 2004.
- 2. There are a total of fourteen acute care facilities within ten miles of NRS. Of these fourteen facilities, eight are within five miles (Appendix A, Service Grid).
- 3. NRS Emergency Department treated 24,689 patients in 2003, including 3,072 transported by the 9-1-1 system (Appendix B, Facility Volume Report).
- 4. From an emergency medical services perspective, the closure of NRS will impact the residents of Van Nuys, North Hollywood, Panorama City, Pacoima and North Hills. The EMS provider agency that will be impacted is Los Angeles Fire Department. These impacts will include:
  - a. Longer travel times to reach emergency services. NRS currently receives 4% of the total number of 9-1-1 patients transported by public and private provider agencies within the 10 mile radius. Los Angeles Fire Department transports 100% of NRS 9-1-1 volume.
  - b. Possible delays in obtaining prehospital emergency services as a result of longer out-of-service times for prehospital EMS personnel engaged in patient transports to more distant hospitals.
  - c. Loss of geographic availability of basic emergency department services for residents of Van Nuys, North Hollywood, Panorama City, Pacoima and North Hills.
  - d. Loss of community resource for disaster purposes.
  - e. Increased requests from remaining hospitals to divert 9-1-1 ambulances due to an inability to move greater numbers of patients through emergency departments.
  - f. Possible increased utilization of 9-1-1 by citizens who currently walk or drive to NRS.

- 5. The combined total number of emergency treatment stations in the 10 mile radius is 252 (does not include urgent care beds). The closure of NRS would reduce the number to 240 treatment stations.
- 6. Hospital emergency visits to facilities within the 10 mile radius were 480,202 patients for 2003. This equals 1,906 patients per treatment station. The closure of NRS would result in a ratio of 2,001 patients per treatment station (assuming patients currently seen at NRS would seek emergency care at one of the hospitals within the 10 mile radius).
- 7. Data on emergency treatment stations are contingent upon all hospitals continuing to operate emergency services within the 10 mile radius.
- 8. Patients with non-life-threatening illness or injury will most likely experience longer waiting times in the emergency departments of surrounding hospitals due to the closure of NRS.
- 9. NRS is licensed for 44 acute psychiatric beds. There are 340 licensed acute psychiatric beds in the 10 mile radius. The closure of NRS will reduce the available beds to 296, eliminating nearly 13% of the licensed beds in the 10 mile radius. Loss of inpatient psychiatric services will result in extended time in the emergency departments and further displacement of psychiatric patients outside the Van Nuys community for patients waiting for admission to a psychiatric bed.
- 10. NRS is not an Emergency Department Approved for Pediatrics (EDAP). There will be no impact to children in terms of 9-1-1 transports.
- 11. NRS is not a designated trauma center. There will be no impact on patients that meet trauma center criteria or guidelines.
- 12. NRS is the only facility within the 10 mile radius that offers a SART (Sexual Assault Response Team) services. Closure of NRS will eliminate SART services in Van Nuys and surrounding communities.

### V. CONCLUSION

Based on the above findings, the Los Angeles County EMS Agency concludes that the closure of the emergency department and acute care beds at NRS will have a negative impact on access to delivery of emergency medical services in Van Nuys and the surrounding communities.

## COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES EMERGENCY MEDICAL SERVICES AGENCY

# NORTHRIDGE HOSPITAL MEDICAL CENTER, SHERMAN WAY SERVICE GRID

Hospitals/Services	Base Hospital	Trauma Hospital	Pediatric Critical Care (PCCC)	ED Approved for Pediatrics (EDAP)	Obstetrical Services (Perinatal)	Neonatal Intensive Care Unit	Neurosurgical	5150 Designation	Sexual Ass: Exams
Northridge Hospital Medical Center, Sherman Way Campus					×			×	×
Hospitals within a 5 mile radius of Northridge Hospital Medical Center, Sherman Way	ital Medical C	enter, Shermar	א ר Way						
Encino/Tarzana Regional Medical Center, Encino Campus								×	
Encino/Tarzana Regional Medical Center, Tarzana Campus				×	×	×			
Kaiser Panorama City					×				
Mission Community Hospital									
Northridge Hospital Medical Center, Roscoe Campus	×	×		×	×	×	×	×	
Pacifica Hospital of the Valley				×	×		×	×	
Sherman Oaks Community Hospital		-		×				×	
Valley Presbyterian Hospital	-			×	×	×		.	
Hospitals within a 10 mile radius of Northridge Hospital Medical Center, Sherman Way	oital Medical C	enter, Sherma	ın Way						
Cedars Sinai Medical Center	×	×	×	×	×	×	×	×	
Kaiser Woodland Hills					×	×			
Olive View Medical Center				×	×	×		×	
Providence Holy Cross Medical Center	×	×		×	×		×		
Providence St. Joseph Medical Center	×			×	×	×	×	-	
UCLA Medical Center	×	×	×	×	×	×	×		

## COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES EMERGENCY MEDICAL SERVICES AGENCY

# NORTHRIDGE HOSPITAL MEDICAL CENTER, SHERMAN WAY FACILITY VOLUME REPORT

Hospitals	Emergency Department (ED) Beds (Treatment Bays)	% of Treatment Bays in the 5 mile radlus	% of Treatment Bays in the 10 mile radius	9-1-1 Transports in 2003	% of 9-1-1 Transports in the 5 mile radius	% of 9-1-1 Transports in the 10 mile radius	Averaged Monthly ED Visits	Reported Annual ED Visits	% of ED visits in the 5 mile radius	% of ED visits in the 10 mile radius	Number of Patients Seen per Treatment Bay (Annual)	Licensed Critical Care I (ICU & CCU)	Licensed , Beds
Northridge Hospital Medical Center, Sherman Way	12	10%	2%	3072	%6	4%	2057	24689	12%	5%	2057	8	44
Hospitals within a 5 mile radius of Northridge Hospital Medical Center, Sherman Way	5 mile radiւ	us of North	ridge Hospi	tal Medical	Center, Sho	erman Way							
Encino/Tarzana Regional Medical Center, Encino	8	1%	3%	2176	%9	3%	865	10383	5%	2%	1298	15	44
Encino/Tarzana Regional Medical Center, Tarzana	15	13%	%9	3472	10%	2%	1354	16253	%8	3%	1084	27	0
Kaiser Panorama City	23	19%	%6	4918	14%	7%	3105	37263	17%	8%	1620	30	0
Mission Community Hospital	8	7%	3%	2475	%2	3%	1065	12777	%9	3%	1597	10	26
Northridge Hospital Medical Center, Roscoe Campus	26	22%	10%	5867	16%	%8	4091	49087	23%	10%	1888	48	40
Pacifica Hospital of the Valley	2	%9	3%	4694	13%	%9	1202	14421	7%	3%	2060	7	36
Sherman Oaks Community Hospital	7	%9	3%	3804	11%	2%	1238	14858	7%	3%	2123	16	19
Valley Presbyterian Hospital	13	11%	5%	5300	15%	%2	2845	34141	16%	7%	2626	33	0
Total for Hospitals in the 5 mile radius	119			35778				213872				194	209

## COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES EMERGENCY MEDICAL SERVICES AGENCY

# NORTHRIDGE HOSPITAL MEDICAL CENTER, SHERMAN WAY FACILITY VOLUME REPORT

Hospitals	Emergency Department (ED) Beds (Treatment Bays)	% of Treatment Bays in the 5 mile radius	% of Treatment Bays in the 10 mile radius	9-1-1 Transports in 2003	% of 9-1-1 Transports in the 5 mile radius	% of 9-1-1 Transports in the 10 mile radius	Averaged Monthly ED Visits	Reported Annual ED Visits	% of ED visits in the 5 mile radius	% of ED visits in the 10 mile radius	Number of Patients Seen per Treatment Bay (Annual)	Licensed Critical Care Beds (ICU &	Licensed
Hospitals within a 10 mile radius of Northridge Hospital M	mile radius	of Northride	ge Hospital	Medical Ce	edical Center, Sherman Way (including hospitals in the 5 mile radius)	ıan Way (in	cluding hc	spitals in	the 5 mile	radius)		1	
Cedars Sinai Medical Center	32	n/a	13%	10978	n/a	15%	6244	74930	n/a	16%	2342	74	51
Kaiser Woodland Hills	26	n/a	10%	4916	n/a	4.2	3006	36074	n/a	%8	1387	22	0
Olive View Medical Center	15	n/a	%9	2121	n/a	3%	2631	31572	n/a	%2	2105	45	80
Providence Holy Cross Medical Center	16	n/a	%9	6366	n/a	%6	2947	35365	n/a	%2	2210	24	0
Providence St. Joseph Medical Center	20	n/a	%8	8394	n/a	11%	3969	47624	n/a	10%	2381	44	0
UCLA Medical Center	24	n/a	10%	5829	n/a	%8	36620	40765	n/a	%8	1699	82	0
Total for Hospitals in the 10 mile radius	252			74382				480202				485	340

Note: Data reflect year 2003. Values in ITALICS are 2002 data

### COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES **EMERGENCY MEDICAL SERVICES AGENCY**

### NORTHRIDGE HOSPITAL MEDICAL CENTER, SHERMAN WAY FACILITY VOLUME REPORT

CONCLUSIONS:	within the 5 mile radius	within the 1	within the 10 mile radius
Number of treatment bays if Northridge-Sherman Ways' ED closes	107 10% decrease	240 5%	decrease
Current number of patients per treatment bay	1797	1906	
Estimated increase in patients per treatment bay if Northridge-Sherman Way's ED closes	1999 11% increase	2001 5%	increase

Of the other 15 hospitals in the 10 mile radius, 7 hospitals are seeing over 2000 patients per treatment bay annually.

Granada Hills Community Hospital closed in July 28, 2003. The hospital was located within the 5 mile raduis of Northridge-Sherman Way. The hospital had 8 ED treatment bays and handled 13,413 ED patient visits in 2002.

	within	the 5	within the 5 mile radius	within t	he 10	within the 10 mile radius
Number of Licensed Critical Care Beds if Northridge-Sherman Way closes	186	4%	decrease	477	2%	decrease
Number of Licensed Psychiatric Beds if Northridge-Sherman Way closes	165	21%	decrease	296	13%	decrease

Per the OSHPD Hospital Annual Financial Data Profiles for 2002, the nine hospitals within the 5 mile radius reported the following:

- 4 hospitals reported a ratio >2 (Healthy); 3 hospitals reported a ratio >1, <2 (Good); 1 hospital (Northridge-Sherman Way) reported a 1. Current Ratio (calculated by dividing Total Current Assests by Total Current Liabilities), a ratio of 1 or better is generally considered good.
  - ratio <1 and 1 hospital did not report data.

2. Long Term Debt to Equity (calculated by dividing Net Total Long Term Debt to Total Equity), a ratio of over 40% - 50% often signals liquidity

3 hospitals reported a ratio >50%; 4 hospitals reported a ratio <50% (including Northridge-Sherman Way), and 2 hospitals did not problems.

report data.

- 3. Operating Margin (a negative operating margin indicates a facility's inability to meet ongoing operating expenses with reliable revenue sources).
- 7 hospitals reported a positive operating margint (including Northridge-Sherman Way), 1 hospital reported a negative operating margin and 1 hospital did not report data.
  - Per the OSHPD Summary of Requests for Extension to Seismic Safety Deadlines (February 9, 2004):
- 4 of the hospitals within the 5 mile radius (including Northridge-Sherman Way) have an approved extension request, the other 5 hospitals did not file for an extension request.